# CCS 3 Frequently Asked Questions (FAQ) No. 2

## 1. Service Code (CCS 3 Data Element 5) FAQ

**Question:** How should CSBs report competency restoration services for adults or juveniles in the Service File?

**Answer:** Based on Core Services Taxonomy 7.2, competency restoration services should be reported as MH Outpatient Services (310) by any CSB providing them directly or contractually. Individuals receiving competency restoration services should not be assigned a 905 consumer designation code; this is only for Mental Health Mandatory Outpatient Treatment Orders.

## 2. Discharge Status (CCS 3 Data Element 12) Clarification

### CCS 3 and Core Services Taxonomy Clarification of Discharge Date

The Department is revising the definition of and procedure for assigning a discharge date for individuals who have received no face-to-face services or service-related contacts in 90 days (Data Element 12, code 03) to provide more clarity to CSBs in identifying and reporting a discharge date and to reduce the number of discharge records lost due to lack of a discharge date. This change is reflected in the revision of Taxonomy 7.2 attached at the end of this document. With this change, if a person who has not been discharged as of June 30 fails to return for additional services within 90 days of the last face-to-face service or service-related contact after June 30, the discharge date will remain the last date of the service or contact, which would be in the previous fiscal year.

***Related Discharge Date Caveats:***

1. Discharge dates for an individual must not overlap in the same program area. If an individual is readmitted to the program area from which he or she had been discharged, the discharge date from the first admission must be less than the admission date for the new admission.
2. Individuals who were discharged in the previous fiscal year from all program areas to which they had been admitted must not be carried forward to the new fiscal year (i.e., have Consumer records included in the CCS 3 submission for July). If an individual is readmitted to a program area in the new fiscal year, then the CSB would submit a Consumer record along with a new TypeOfCare record and any applicable Service records for this new admission.
3. If an individual is discharged after the end of the fiscal year and with a ServiceThroughDate in that fiscal year, the TypeOfCare record for this discharge should be included in the next CCS 3 submission in the new fiscal year.

## Discharge-Related FAQs

**Question:** Upon discharge from some CSBs, some clinicians remove or “close” a diagnosis in the service record because the individual no longer has the treated disorder (e.g., the individual is “cured”). This may result in no diagnosis in the most recent CCS 3 consumer file for that individual; this produces a fatal error due to the lack of a valid diagnosis. How should this be handled?

**Answer:** If individuals have made significant progress toward completing current goals in their individualized services plans, they should be discharged with a discharge status code of 02. The record should reflect what has happened during treatment, including the ending diagnosis, which for example might include remission. The discharge status code of 02 Treatment Completed should be sufficient to satisfy clinical staff concerns. Also, diagnosis codes should not be removed from the updated CCS 3 consumer file so that no diagnosis is shown; there should be at least one valid DSM IV diagnosis code in one of the six Axis I diagnosis codes (data elements 26, 27, and 52-55) or one of the two Axis II codes (data elements 28 and 29) in the CCS 3 consumer file.

## CCS 3 Frequently Asked Questions (FAQ) No. 2

**Question:** In some CSBs, an individual may be admitted to a program area, but at his or her first appointment, an assessment or evaluation is completed that indicates the individual is not appropriate for admission to that program area. The individual is discharged, but what discharge status code should be used, now that 01 is retired?

> 01 Retired: Assessment and evaluation services are services available outside of a program area; thus this code is not available for use by the CSB and is hidden in the extract software.

**Answer:** Individuals should not be admitted to a program area only for assessment or evaluation; this is a service available outside of a program area, and a case should be opened rather than an admission to a program area. However, if, subsequent to an apparently valid admission to a program area, it is determined after an assessment or evaluation that the individual should not have been admitted, then when the individual is discharged, discharge status 07 Other should be used. Discharge status 02 should not be used because this would artificially inflate the numbers of individuals reported as completing treatment successfully.

> 07 Other: Includes individuals who moved or left treatment due to illness, hospitalization, transfer to a state training center or certified nursing facility (developmental services), or for any other reason not captured by a value in the lookup table.

## 3. Employment Status (CCS 3 Data Element 22) Clarification

Please refer to the attached Revised Definition of Employment Status, page 24.a, that should be inserted in the CCS 3 Extract Specifications. The Employment Status code selected should be the **most meaningful description of the individual's employment status when this data is collected**. Several examples follow. If an individual is unemployed at admission but wants a job and needs supported employment, the correct value is 03 rather than 12. After the individual is admitted to a program area and is receiving supported employment, the correct value on the next CCS 3 submission is 12. If an individual resides in the Northern Virginia Training Center (NVTC) but receives supported employment in the community, the correct value is 12, not 10, even though the person lives at NVTC. The individual's residence at NVTC would be captured in data element 23 Type of Residence with code 12. If an individual is over 65 and collecting Social Security but is still employed in a part-time job, the correct value is 02 rather than 08. If the individual is unemployed but is not seeking employment and no other value is applicable (e.g., 07 for receiving prevocational or day support services), the appropriate value is 11. For a four year old child who is not yet attending school and thus is not a student and is not described accurately in any other Not in Labor Force value, the correct value is 11. Finally, if there are multiple possible statuses, for example, the individual receives two days per week of supported employment and three days per week of day support services, use the value that reflects the largest amount of time; in this example, the correct value would be 07 rather than 12.

## 4. Type of Residence (CCS 3 Data Element 23) FAQ

**Question:** How should a CSB report the type of residence for an individual in a Medicaid Intellectual Disability Home and Community-Based Waiver group home not operated by the CSB?

**Answer:** By virtue of the type of service, this is not a Private Residence or Household (01), Shelter (02), Boarding Home (03), Foster Home or Family Sponsor Home (04), Licensed Assisted Living Facility (05); or Residential Treatment Center or Alcohol or Drug Rehabilitation (Other Residential Setting). The only logical choice is Community (CSB) Residential Service (06). The (CSB) was inserted to make it clear that this was a community residential service (as defined in the Core Services Taxonomy), but the inclusion of (CSB) is probably not helpful. Therefore, (CSB) will be deleted in the next update of the CCS 3 Extract Specifications and extract application.

## 5. Legal Status (CCS 3 Data Element 24) Clarification

Legal Status identifies the type of civil or forensic court order or criminal status related to the individual's admission to a program area or the opening of a record on the person for services available outside of a program area (e.g., emergency services). All of the code values except 01 (Voluntary) describe particular court orders or actions. The values are not intended to and do not reflect custody by police officers or sheriffs. Legal Status is not a description of an individual's situation at any given point in time, such as being in the custody of a law enforcement officer or detained in a facility for a temporary detention order (TDO), since there has been no court order.

### Legal Status-Related FAQ

A CSB emergency services director asked how to report the legal status in CCS 3 for individuals in the following situations.

1. The individual has been detained by the police, has not been charged, and has been evaluated by the CSB and released.
2. The individual has been detained by the police, has not been charged, and has been evaluated by the CSB and detained.
3. The individual appears at the CSB offices, is evaluated, and is detained based on the CSB evaluation.

Because legal status is not the description of the person's circumstances, these questions cannot be answered without more information. For example, in the first question, if the person had been court-ordered to treatment as a term or condition of probation, and he later was picked up by a police officer on an ECO or a paperless ECO, and was being seen by CSB staff to evaluate his appropriateness for commitment, then his Legal Status would be 13, and the service subtype (data element 64 in CCS 3) for emergency services would be either 02 or 03. Conversely, if the person was under no court order or sentence, as defined in data element 24, then his Legal Status would be 01 (Voluntary), since he had no other legal status, but the service subtype would still be 02 or 03. This same response for Legal Status would apply to the second and third questions. In none of these questions, is the individual under a court order or sentence, even if he is detained. ***It is important not to confuse Service Subtype with Legal Status.*** Unless the person is under a court order or sentence, his or her Legal Status will always be 01, as distinct from his actual physical situation (e.g., where he may be detained or not be free to go).

## 6. Pregnant Status (CCS 3 Data Element 44) FAQ

**Question:** Before asking our vendor to extract male not collected for pregnancy as not applicable, where in the State specifications does it say that? The data element name and definition table doesn't specify to do so. Technically, we don't ask our male clients that question, so not collected seems OK.

**Answer:** Under Not applicable (96) on page 46, the CCS 3 Extract Specifications state, "There are certain fields where a value is nonsensical or not applicable; for example, FemaleWithDependentChildrenStatus does not make sense for a male consumer. Also, a male consumer cannot be pregnant. Thus a value of *not applicable* would be entered. "

## 7. Days Waiting to Enter Treatment (CCS 3 Data Element 46) Clarification

This clarification expands on the definition in the CCS 3 Extract Specifications to assist CSBs in collecting and reporting this data element more consistently. Days waiting to enter treatment means the number of calendar days from the date of the first contact or request for a ***substance***

***abuse treatment service*** by the individual or someone acting on behalf of the individual (e.g., a family member, an authorized representative, or another agency such as probation and parole or court services) until the date of the first scheduled appointment for a treatment service that the consumer or an authorized representative acting on behalf of the consumer agrees to accept, which means agreeing to receive or participate in the scheduled service. Treatment service means only those categories and subcategories of core services in Core Services Taxonomy 7.2 that are available after admission to the Substance Abuse Program Area (e.g., Outpatient or Residential Services) but not Services Available Outside of a Program Area (e.g., Emergency or Assessment and Evaluation Services). The first contact or request could be made by telephone or in-person and by the consumer himself or herself or someone acting on behalf of the consumer, including a referring agency, such as probation and parole, if it involved or consulted with the consumer about the date. This data element reports the number of days a consumer must wait to begin substance abuse treatment because of program capacity, treatment availability, admission requirements, or other program requirements.

## Days Waiting to Enter Treatment (CCS 3 Data Element 46) FAQ

**Question:** If an individual receives only a service that falls under limited services, do we code days waiting as a 996 for not applicable?

**Answer:** Yes. According to the CCS 3 Extract Specifications, Days Waiting to Enter Treatment means the number of calendar days from the first contact or request for service until the first scheduled appointment in a substance abuse service accepted by the individual. Since limited services, such as Emergency or Early Intervention Services, are Services Available Outside of a Program Area, 996 should be entered in the field. If the individual is later admitted to the Substance Abuse Program Area, at that point you would enter the appropriate code for the number of days from the date of the request until the date the first scheduled appointment was accepted.

## 8. Social Connectedness (CCS 3 Data Element 70) FAQ

**Question:** Is the social connectedness data element applicable only for adults with mental illness or substance use disorder? We were unable to figure what a peer-operated organization for children would be.

**Answer:** Although social connectedness is a data element that would most often be applicable to adults, older children and adolescents should not be excluded in collecting this data element. For example, Alcoholics Anonymous is open to youths as well as adults, and there are faith-based options. Participation in peer-operated programs is only one of the examples included in the definition of this data element in the CCS 3 Extract Specifications. Therefore, this data element must be collected on all individuals admitted to or discharged from the Mental Health or Substance Abuse Program Areas, and it must be updated annually if the individual continues to receive services for one year or longer during an episode of care. If the individual is under 12 years of age, 96 is an acceptable value for this data element.

## 9. Consumer Designation Code 919 - PATH FAQ

**Question:** The CSB has a PATH program for homeless individuals, and, when a consumer receives PATH services, a 919 Type of Care record is created and the services are recorded as consumer monitoring. Can a consumer continue to be opened to PATH and also receive Outpatient and Case Management Services at the same time? We have been under the impression that as soon as the consumer begins receiving other services (e.g., Outpatient or Case Management) we have to close the PATH Type of Care record and admit the individual to the Mental Health Services Program Area. Is that correct?

**Answer:** No. If an individual who is homeless receives services other than Consumer Monitoring, then he or she must be admitted to that program area (e.g., Mental Health). In the situation described in the question, the person would first be opened as a case and a TypeOfCare record with the 919 consumer designation code would be submitted, even though he had not been admitted to a program area. Subsequently, he or she is admitted to a program area and a second TypeOfCare record is submitted with the Mental Health Program Area code (100) entered. Thus, the individual would have two TypeOfCare records open at the same time. If he or she subsequently stops receiving PATH services, a TypeOfCare record for the 919 code would be submitted with a TypeOfCare through date ending that consumer designation code. However, even though a PATH consumer may accept a more traditional type of service, if he still needs homeless services, the 919 TypeOfCare record should remain open.

## 10. CCS 3 Required Data Elements FAQ

**Question:** Which CCS 3 data elements are required; are any data elements optional? Specifically, are social security number (SSN) and date of birth (DOB) required data elements?

**Answer:** Every data element in CCS 3, except 63 Staff ID that is optional, is required to be reported, depending on which program area the individual is admitted to or if the individual receives only services available outside a program area. Regarding SSN and DOB, a blank or null value response is an acceptable although not preferred response, but this does not mean these data elements or any other data elements in the Community Consumer Submission (CCS) Extract Specifications Version 7 that permit a blank or null value as a response are not required data elements. It simply means that an acceptable response can be a blank or null value. Again, just because the response to a specific field can be a blank or null value it should not be interpreted to mean that the element is not required to be included in the CSB's CCS 3 monthly extract.

## 11. Correct Format for NULL Values or Blank Responses FAQ

**Question:** What is the correct format for a null value of blank response?

**Answer:** The CCS 3 Extract Specifications describe the correct format on page 45. ***Blanks (NULL)*** There are certain fields for which there is no extract value. The value would be applicable and could be known if collected; however, clinical circumstances dictate that a value cannot always be supplied. An example is social security number; some individuals may not have one.

These fields can be left blank (NULL) on the initial extract; i.e. they can be left out. These fields must not be filled with spaces. In the extract file, they will be indicated by two consecutive commas. For example, if there were three fields in a row, but the value for the second field was blank (NULL), then the extract would look like this: value1,,value3. Note that if a blank value is to be used at the end of an extract file, there must be a comma representing that blank, shown as: ,, at the end of the file. Omitting the comma will cause the extract to completely ignore the value, meaning the blank will not be recorded, and the extract will fail to run to completion.

## 12. Service Location Code for Telephone Services FAQ

**Question:** What service location code should be entered in the service file for services provided over the telephone, e.g., a case management call to the local Department of Social Services?

**Answer:** Enter 02 for CSB Program Site.

The discharge definition change discussed in FAQ and Clarification 2 is reflected in the revision of Core Services Taxonomy 7.2 on the following page. **Please remove page 29 from all copies of Taxonomy 7.2 and replace it with page 29.a.**

disorder) is matched with signs or symptoms of an evolving disorder in another domain. Similarly, the service definition also includes individuals who are post-diagnosis in that one or both of their substance use disorder and mental health disorder may have resolved for a substantial period of time, but who present for services with a unitary disorder and acute signs or symptoms of a co-occurring condition; for example, an individual with a substance use disorder who is now suicidal may not meet the formal criteria for a DSM IV diagnosis but is clearly in need of services that address both conditions. Refer to State Board Policy 1015 (SYS) 86-22 for more information about providing services to individuals with co-occurring mental health disorders, intellectual disability, or substance use disorders.

The definition of co-occurring disorders for the Community Consumer Submission data set is: individuals shall be identified as having co-occurring mental health and substance use disorders if there is (1) an Axis I or Axis II mental health diagnosis and (a) an Axis I substance use disorder diagnosis or (b) admission to the substance abuse program area (denoted in a type of care record) or (2) an Axis I substance use disorder diagnosis and (a) an Axis I or Axis II mental health diagnosis or (b) admission to the mental health program area (denoted in a type of care record).

**Discharge** means the process by which a CSB documents the completion of an individual's episode of care in a program area. Discharge occurs at the program area level, as opposed to a specific service within a program area. When an individual has completed receiving all services in the program area to which he or she was admitted, he or she has completed the current episode of care and is discharged from that program area. An individual is discharged from a program area if any of the following conditions exists; the individual has:

1. been determined to need no further services in that program area,
2. completed receiving services from all CSB and CSB-contracted services in that program area,
3. received no program area services in 90 days from the date of the last face-to-face service or service-related contact (e.g., case management contact), except for individuals receiving only quarterly medication management services to whom this criteria does not apply, or indicated that he no longer desires to receive services, or
4. relocated or died.

CSBs may discharge individuals in less than the maximum time (i.e., less than 90 days) since the last face-to-face service or service-related contact, but the individual must be discharged if no face-to-face services or service-related contacts have been received in the maximum allowable time period for that episode of care. Once discharged, should an individual return for services in a program area, he or she would be readmitted to that program area; the subsequent admission would begin a new episode of care. If the individual is discharged because he or she has received no services or there have been no service-related contacts in 90 days, the discharge date must be the date of the last face-to-face service or service-related contact with the person, not the 90$^{th}$ day.

In the rare circumstance in which services are provided for an individual after he or she has been discharged (e.g., completing a discharge summary), the units of service should be collected and reported in the core service category or subcategory (e.g., Outpatient or Case Management Services) where the activity occurred using the Z-consumer function (NC Service file), a service with no associated individual receiving services, for CCS purposes.

**Episode of Care** means all of the services provided to an individual to address an identified condition or support need over a continuous period of time between an admission and a discharge. An episode of care begins with admission to a program area, and it ends with the discharge from that program area. An episode of care may consist of a single face-to-face encounter or multiple services provided through one or more programs. A person is not admitted to services that are